



TRADE ACCOUNT APPLICATION

TRADE ACCOUNT APPLICATION

When completing the Trade Account Application please note:

- Trade references in Section 5 *cannot* include your current first line wholesaler.
- The Declaration must be duly signed by ALL Owners of the business and where the Applicant is a Company, by ALL Directors of the Company
- If the Applicant is a Company, *Healthcare Logistics* requires that ALL Directors of the Company complete the Deed of Guarantee and Indemnity

Information Required for Submission:

- Full copies of the immediate preceding 3 month's statements from your current first line wholesale Pharmacist Registration Number ("PRN")
- Pharmacy Approval Number (PAN)
- Drugs and Poisons License Number (if different from the PRN)
- Copy of the last 2 year's financials (Profit & Loss and Balance Sheet)
- Most current financials (Profit & Loss and Balance Sheet).

ADDITIONALLY:

If you are a first time pharmacy owner:

- Details of the cost and funding arrangements relating to the acquisition of the pharmacy
- A completed Statement of Personal Assets & Liabilities
- Copy of pharmacy valuation

If the business is a Greenfield:

- Details of the capital set up costs and relating funding arrangements
- Monthly forecast for first 12 months (Profit & Loss, Balance Sheet and Cashflow)

If application relates to a pharmacy acquisition

- Details of the cost and funding arrangements relating to the acquisition of the pharmacy
- Copy of pharmacy valuation

If the Applicant is a Trust:

- Identification of all trustees, directors of trustees and beneficiaries of the trust

Submit the completed application along with the relevant supporting information:

a) credit.management@hcl.com.au

OR

b) Post directly to:

Healthcare Logistics
Attention: Accounts Department
7 Dolerite Way, Pemulwuy, NSW 2145

After you submit your application:

We will contact you shortly to be advise on the progress of your application however please allow up to 7 business days for application processing.

There may be a requirement for provision of additional information upon request by Healthcare Logistics Finance.

SECTION 1 – ACCOUNT TYPE

Account type required: (please tick)

New Account Additional Account Changes to existing account

Preferred payment method:

BPAY Direct Debit Credit card Direct deposit

Date Account to commence:

Estimated monthly purchases from

\$.

SECTION 2 – BUSINESS DETAILS

Type of Business: (please tick)

Sole Trader Partnership Company Trust

Full legal name of Applicant

Registered Business Name

ABN

Business Name Registration No. (if not company name)

Pharmacy/Delivery Address

NO. / STREET

SUBURB

STATE

POST CODE

Phone

Fax

Postal Address (if different from above. Must be registered office. PO Box is **not acceptable**)

NO. / STREET

SUBURB

STATE

POST CODE

Email

SECTION 3 – REGISTRATION DETAILS

Pharmacy Approval Number

Applicant's Pharmacist Registration Number

Drugs & Poisons Licence Number (if different from your PRN)

SECTION 4 – PERSONAL DETAILS

(if more than 3 (three) Applicants, please photocopy and complete this section for the additional Applicants and forward with application)

Applicant No. 1 – Sole Proprietor/Partner/Director
(Nominated contact person)

Name

Address

NO. / STREET

SUBURB

STATE

POST CODE

Mobile phone

Email

Relationship to business

Partner Director

D.O.B.

Drivers Lic. No.

Applicant No. 2 – Partner/Director

Name

Address

NO. / STREET

SUBURB

STATE

POST CODE

SECTION 4 – PERSONAL DETAILS – Applicant No. 2 (continued)

Mobile phone

Email

Relationship to business

Partner Director

D.O.B.

Drivers Lic. No.

Applicant No. 3 – Partner/Director

Name

Address

NO. / STREET

SUBURB

STATE

POST CODE

Mobile phone

Email

Relationship to business

Partner Director

D.O.B.

Drivers Lic. No.

SECTION 5 – OTHER DETAILS

I authorise my accountant to provide details to Healthcare Logistics for the purposes of Healthcare Logistics' credit assessment of this application.

Name of Accountant

Accountant's Ph No.

BUSINESS BANKING DETAILS

Bank

Account Name

SECTION 5 – OTHER DETAILS (continued)

BSB

Account No.

Supplier Name

Supplier Contact

Phone

TRADE REFERENCES

Supplier Name

Supplier Contact

Phone

Supplier Name

Supplier Contact

Phone

DETAILS OF EXISTING SYMBION ACCOUNTS HELD BY APPLICANTS

Pharmacy Name

Healthcare Logistics Account No.

Pharmacy Name

Healthcare Logistics Account No.

Pharmacy Name

Healthcare Logistics Account No.

DECLARATION

IMPORTANT: All applicants must read the following information and sign overleaf.

To Healthcare Supply Partners Pty Ltd (“you” or “Healthcare Logistics”):

I/We hereby apply for credit facilities and submit the above confidential information for this purpose only. If granted credit with *Healthcare Logistics*, I/we undertake to pay all accounts in accordance with the Standard Trading Terms and Policies, as amended from time to time.

I/We acknowledge that the Standard Trading Terms apply to goods and services supplied by *Healthcare Logistics* from the earlier of (a) the time that I/we make an order (whether or not I am granted credit) or (b) the time that I am/we are granted credit (whether or not I/we make an order).

I/We warrant that the information contained in this application is truthful and accurate, and that none of the Applicants (a) are currently unable to pay their debts as and when due or (b) have ever (and where an organisation, that each partner or director of that organisation has never) gone into liquidation or administration, or had a controller or administrator appointed under the Corporations Act 2001 (Cth), or been registered under the Bankruptcy Act 1966 (Cth), or been a director of a company which has gone into liquidation, or had a controller or administrator appointed.

I/We authorise you to collect from and authorise our accountants to provide further information to you for the purposes of verifying and completing this application form and assessing my/our creditworthiness.

Trustees

Where I am a trustee, I warrant that (a) I make this application both personally and as the trustee of the trust; (b) the trust complies with the law; (c) I comply with the trust terms (including getting the prior consent of beneficiaries or other persons required to consent by the trust terms) and my duties as trustee when performing obligations to *Healthcare Logistics* and entering into this application and/or trading agreements with *Healthcare Logistics*; (d) I am the sole trustee and have a full right of indemnity from the trust assets for all liabilities incurred with *Healthcare Logistics*, ahead of any rights of beneficiaries.

I will not do anything to change the warranties that I have made above during my relationship with *Healthcare Logistics*, including without limitation doing anything that would remove me as a trustee, add additional trustees, limit my right to indemnification, vary the terms of the trust, settle trust property or distribute trust income or capital while I am in breach of my obligations to *Healthcare Logistics*.

Where I am a trustee I also charge my right to be indemnified out of the trust to secure all liabilities that I may incur.

Agreement to *Healthcare Logistics* being given a consumer credit report by a credit reporting agency to assess a guarantor:

I/We agree that *Healthcare Logistics* may obtain from a credit reporting agency a consumer credit or a commercial credit report containing information about me/us for the purpose of assessing whether to accept me/us as a guarantor for credit applied for by, or provided to, the Applicant(s) (Section 18N(1)(c) Privacy Act 1988).

I/We agree that this agreement commences from the date of this agreement and continues until the credit covered by the Applicant's(s) application ceases.

Authority to *Healthcare Logistics* under the Privacy Act 1988:

I/We agree that if *Healthcare Logistics* considers it relevant to (a) assessing my/our application for commercial credit (Section 18K(1)(b) Privacy Act 1988), or (b) collecting overdue payments in respect of commercial credit provided by *Healthcare Logistics* (Section 18K(1)(h) Privacy Act) or (c) continuing to extend commercial credit to me/us, *Healthcare Logistics* may obtain a report about my/our commercial activities or commercial creditworthiness from a business which provides information about the commercial credit worthiness of persons.

Authority to exchange information with other credit providers:

In accordance with section 18N (1) (b) of the Privacy Act, I/we authorise *Healthcare Logistics* to give to and obtain from credit providers named in this credit application and any credit providers that may be named in a credit report issued by a credit reporting agency information about my/our credit arrangements. I/We understand that this information can include any information about my/our credit worthiness, credit standing, credit history or credit capacity that credit providers are allowed to give or receive from each other under the Privacy Act. I/We understand the information may be used for the following purposes:

- to assess an application by me/us for credit;
- to notify other credit providers of a default by me/us;
- to exchange information with other credit providers as to my liabilities with *Healthcare Logistics* or those other credit providers, including any applications made by me/us, whether I am/we are in default on any of my/our liabilities; and/or,
- to assess my/our creditworthiness.

Acknowledgment or Authority for disclosure of credit information to a credit reporting agency:

I/We acknowledge that Section 18E(8)(c) of the Privacy Act allows *Healthcare Logistics* to provide to a credit reporting agency personal information about my/our credit application. The information which may be given to a credit reporting agency (as borrower or guarantor) is covered by Section 18E(1) of the Act and includes:

- such types of information as may be permitted to allow me/us to be identified;
- the fact that I/we have applied for finance and the amount;
- the fact that *Healthcare Logistics* is a current credit provider to me/us;
- payments which are overdue by 60 days or more and for which collection action has commenced;
- advice that payments are no longer overdue;
- cheques drawn by me/us for \$100 or more which have been dishonored more than once;
- that in the opinion of *Healthcare Logistics*, in circumstances specified, I/we have committed a serious credit infringement;
- that credit provided to me/us by *Healthcare Logistics* has been paid or otherwise discharged.

Period to which this understanding applies

This information may be given before, during or after the provision of credit to me/us until further notice in writing is given by me/us.

By virtue of this Acknowledgment I/we understand that *Healthcare Logistics* has informed me/us of its policy on disclosure of information about me/us to a credit reporting agency and I/we so authorise such disclosure.

Agreement to a credit provider disclosing a report including a consumer credit report to a potential or existing guarantor:

I/We agree that *Healthcare Logistics* may give to a person who is currently a guarantor, or whom I/we have indicated is considering becoming a guarantor, a credit report containing information about me/us for the purpose of the prospective guarantor deciding whether to act as guarantor (Section 18K(1)(c) Privacy Act 1988) or to keep the existing guarantor informed about the guarantee.

I/We understand that the information disclosed can include anything about my/ our credit worthiness, credit standing, credit history or credit capacity that credit providers are allowed to disclose under the Privacy Act, and includes a credit report.

DECLARATION

Declaration by Applicant(s):

By signing below, the Applicant(s) gives and agrees to the Declaration on Page 1.
The person(s) signing below is/are an authorised signatory of the Applicant(s) and has authority to bind the Applicant(s) to the terms of the Declaration.

EXECUTION BY INDIVIDUALS:

SIGNED by authorised representatives of the Applicant:

Signature of Applicant 1 Print Name of Applicant 1

Signature of Witness Print Name

Date

Signature of Applicant 2 Print Name of Applicant 2

Signature of Witness Print Name

Date

Signature of Applicant 3 Print Name of Applicant 3

Signature of Witness Print Name

Date

EXECUTION BY COMPANY:

SIGNED by the Applicant Company

ABN

in accordance with s127 of the Corporations Act 2001:

DIRECTOR DIRECTOR/SECRETARY

PRINT NAME Print Name

Date Date

**Please allow up to 7 business days for application processing.
Contact your Healthcare Logistics Key Account Manager for application enquiries.**

DEED OF GUARANTEE AND INDEMNITY

WHEREAS:

1. Healthcare Supply Partners Pty Ltd ABN 31 631 884 609, offers to provide goods and services to the Customers pursuant to its standard trading terms, a copy of which is published in our recent pricing catalogue and distributed to the Customers and the Guarantor ("Terms").
2. *Healthcare Logistics* requests the following Guarantee in conjunction with that offer.

THEREFORE TAKE NOTICE:

1. Definitions:

In the interpretation of this Deed unless the contrary intention appears or the context otherwise requires or admits the following expressions will have the following meanings:

Customer means

Entity Name or Individual Names:

ABN:

Address:

State

Post Code

Account Number:

Guarantor means each of the entities below and Guarantors means both of them jointly and severally: Entity Name or Individual Names:

Entity Name or Individual Names:

ABN:

Address:

State

Post Code

Entity Name or Individual Names:

ABN:

Address:

State

Post Code

Entity Name or Individual Names:

ABN:

Address:

State

Post Code

2. The Guarantors hereby guarantee to *Healthcare Logistics*:

- a) The due and punctual payment by the Customers, and each of them, of all monies payable to *Healthcare Logistics* pursuant to the Terms and on any other account or facility whatsoever; and
- b) The due and punctual performance by the Customers, and each of them, of all covenants, promises and undertakings to be observed or performed by the Customers pursuant to the Terms and/or pursuant to any other agreement between the Customer and *Healthcare Logistics*.

3. The Guarantors indemnify and will keep *Healthcare Logistics* indemnified as a distinct and separate covenant from the Guarantee, from and against:

- a) all loss, damage, costs (including legal costs on a full indemnity basis) and expenses suffered or incurred by *Healthcare Logistics* by reason of any breach of the Customer's covenants under the Terms; and
- b) all loss, damage, costs (including legal costs on a full indemnity basis) and expenses suffered or incurred by *Healthcare Logistics* arising out of or pursuant to any actions, claims and demands which may be instituted by or made against *Healthcare Logistics* by any person in relation to this Deed or the Terms whatsoever.

DEED OF GUARANTEE AND INDEMNITY

4. The Guarantor must pay to *Healthcare Logistics* all of *Healthcare Logistics'* legal costs and expenses payable on a full indemnity basis of and incidental to the enforcement of this Deed.
5. The Guarantor must pay to *Healthcare Logistics* all amounts payable under this Deed upon demand by *Healthcare Logistics*. Such demand must be in writing and signed by one of *Healthcare Logistics'* authorised officers or by its legal advisors and given to the Guarantor either personally or by sending by pre-paid ordinary post to the address of the Guarantor. Such demand if posted is deemed to be properly given on the day next following the day of posting.
6. (a) This Guarantee and Indemnity is an irrevocable and continuing Guarantee and Indemnity and neither this Deed or the obligations of the Guarantors hereunder shall be discharged in any way or be considered or deemed to be discharged in any way by any payment to *Healthcare Logistics* other than the payment to and written acceptance by *Healthcare Logistics* in full and final satisfaction of all obligations of the Guarantors herein.
(b) This Guarantee and Indemnity is not affected by the granting of time indulgence or the failure of *Healthcare Logistics* to enforce any of the terms at any time, nor is it affected by the death or incapacity, legal or otherwise, of the Customer, or by the release of any one or more of the parties comprising the Customer.
(c) The Guarantors' obligations herein remain enforceable notwithstanding any variation, alteration, modification or change of the Terms agreed between *Healthcare Logistics* and the Customer.
7. The Guarantors agree that a certificate given by *Healthcare Logistics*, which is signed by one of *Healthcare Logistics'* authorised officers or by its legal advisors, in the absence of any manifest error, is conclusive evidence of the facts and matters stated in that certificate, including any amount owed to *Healthcare Logistics* by the Customers or by the Guarantors.
8. The Guarantors acknowledge that they were provided with the opportunity to seek legal advice on the terms and effect of this Deed and either did so or declined to do so.
9. This Deed will bind the estates of the Guarantors upon their death.
10. This Deed shall at all times be valid and enforceable against each of the Guarantors and the liability hereunder of each of the Guarantors shall continue and may be enforced by *Healthcare Logistics* notwithstanding this Deed has not been executed by any other person who has agreed undertaken or offered to do so or whose name appears herein as Guarantor.
11. If any Court of competent jurisdiction determines any part of the document is void, voidable, illegal or unenforceable or this document would be void, voidable, illegal or unenforceable unless any part was severed from this document, then that part shall be severed and shall not affect the continued operation of the rest of this document.
12. This Deed constitutes the entire agreement between the parties and supersedes any oral or written prior agreements, deeds or understandings and cannot be varied or deemed varied by the Guarantor unless such variation is in writing signed by *Healthcare Logistics*.

Executed as a Deed this _____ day of _____ 20____

SIGNED SEALED AND DELIVERED by the Guarantor in the presence of:

Signature of Guarantor _____

Signature of Witness _____

Date _____

Print Name of Witness _____

SIGNED SEALED AND DELIVERED by the Guarantor in the presence of:

Signature of Guarantor _____

Signature of Witness _____

Date _____

Print Name of Witness _____

SIGNED SEALED AND DELIVERED by the Guarantor in the presence of:

Signature of Guarantor _____

Signature of Witness _____

Date _____

Print Name of Witness _____

SIGNED by an authorised representative of HEALTHCARE SUPPLY PARTNERS Pty Ltd ABN 31 631 884 609 in the presence of:)

Signature _____

Signature of Witness _____

Print Name and Title _____

Print Name of Witness _____

Date _____

RETURNED GOODS POLICY

(Effective on and from 1 February 2020)

1. Procedure & policies for claiming returns:

- 1.1** All claims for return or incorrect delivery must be made on the RAF and accompanied by a Return Authority (RA) Number.
- If a correctly completed RAF is not received by us or no RA is requested by you within the required timeframes, you are deemed to have accepted that the goods are provided "as is" with no warranty as to quality or description and we will be under no obligation to process the return.
- 1.2** To obtain an RA number, you must notify Customer Service by either telephone or fax (the method that applies to your state is specified in our published pricing catalogue) within the required timeframes (refer to section 5). Your notification must include the following details:
- reason for return (refer credit reason codes in section 5);
 - invoice number;
 - line number and;
 - quantity that you are returning.
- 1.3** If you have contacted Customer Service via phone, Customer Service will advise you of the RA number and you are required to enter the RA Number on the RAF. If you have faxed the RAF to Customer Service, you will receive an updated RAF back from Customer Service, via fax, with the RA number entered by Customer Service.
- 1.4** You are then required to date and sign the RAF and return the RAF together with the goods (if applicable) to the warehouse where goods were invoiced within 7 days.
- 1.5** You must return the RAF and goods (if applicable) through:
- a) our next appropriate Pharmacy authorised carrier (refer to section 2), if they visit within the timeframe; or
 - b) using other means that you choose. Where the reason for the return is not customer (pharmacy) error, then we will reimburse you for the reasonable cost of the return.
- 1.6** All goods returned must be in a saleable condition (unless the reason for the return is that the stock was damaged prior to delivery to you) in their original as sold packaging.
- 1.7** Unless we agree otherwise, your failure to return stock in accordance with this policy means that you accept it "as is" with no warranty as to quality or description and we have no obligation to process your claim for return.
- 1.8** On receipt of the returned goods (if any) and the RAF, we will investigate and decide whether to issue any credit to you. Issuing of an RA number does not necessarily indicate the credit has been approved. Any adjustments will be shown on your next statement which corresponds to the month in which the return is processed.
- 1.9** We reserve the right to charge a service fee as set out in the published pricing catalogue for specified types of returns. These are listed in this policy or the Fees Policy.
- 1.10** Nothing in this policy affects any legal obligations that we may have to accept returns for Goods that are in breach of implied warranties or Goods that have been recalled.

2. Next appropriate authorised carrier

- 1.1** Where your state has a policy of only returning goods to our morning or afternoon authorised carrier, this will be stated in our published pricing catalogue.

3. Manufacturers' Policies & Warranties

- 3.1** We are not, and do not hold ourselves out as, the manufacturer of any stock.
- 3.2** Manual return forms are to be used for returns that fall outside our standard returns procedure but fall within a manufacturer's return policy (eg. where the manufacturer offers a return for stock that becomes dated after delivery by us) or the manufacturer's product is recalled. All required information must be manually noted on the form for the non-standard return application to be accepted. See conditions that apply to this situation. The table below for further Those manufacturers or suppliers that we understand accept returns for dated or expired stock and their respective conditions of return are listed under the heading.
- 3.3** "Manufacturers That Accept Dated or Expired Stock" in our published pricing catalogue. If a manufacturer is not listed, to our knowledge, it has a firm policy of no returns on dated or expired stock post delivery.
- 3.4** In the event of any inconsistency between our policies (including this Returns Policy) and a manufacturer's policy, our policies will prevail. For example, our policies may specify a longer lead time as we need time to complete the processing of claims within the warehouse prior to the due date.
- 3.5** Please refer directly to the relevant manufacturer for details of their returns policy. As these are not within our control we do not warrant that our summary of manufacturers' terms (as set out in the published pricing catalogue) is accurate or up to date and are not liable for any errors in this regard or for changes made by a manufacturer to its policies.

4. Excluded Items

RAFs will not be processed for the following items:

- 4.1** Goods especially procured for or provided as a buy-in to you (refer to the Buy-in or Procurement Policy), when those items are not normally stocked by us;
- 4.2** Goods are or have defaced, torn or damaged packaging, or where your pricing appears on the goods;
- 4.3** Unsaleable items, such as damaged, obsolete or part quantities of goods sold by us in carton or shelf pack lots. (Unless the goods can be proven to be already damaged prior to receipt by you or the goods are subject of a notified recall, in which case the entire stock of the damaged good should be returned);
- 4.4** Stock returned to us that is damaged in transit due to inadequate packaging by you;
- 4.5** Stock not purchased by you from us;
- 4.6** Goods supplied direct by the supplier and charged through us; Stock that becomes dated after delivery by us and which is not within the manufacturers' dated stock policy and/ or does not have the correct authorisation from the manufacturer;
- 4.7** Goods identified at the time of sale as short dated stock or as being excluded from the returns policy (eg. discounted stock sold on the basis of a no returns policy). Such product is sold "as is" with no warranties as to its merchantability or fitness for purpose;
- 4.8** Stock returned without an RA number or without the approved RAF. Goods returned to us that do not have an RA number or an approved RAF will be returned to you;
- 4.9** Turnover orders or related price adjustments not approved in writing or confirmed/accepted/authorised by the manufacturer or their representative;
- 4.10** In accordance with industry practice, for particular goods specified in our published pricing catalogue, the supplier/manufacturer listed in the published pricing catalogue will directly deal with manufacturing faults and credits (including warranty claims). Please contact the supplier/manufacturer directly in these circumstances;

RETURNED GOODS POLICY

- 4.11** Cold chain products, (even where we are your primary wholesaler) unless the goods are incorrectly supplied by us;
- 4.12** Goods returned to us caused by your (pharmacy) error where you do not use us as your primary (first-line) wholesaler; and
- 4.13** Items purchased from those manufacturers who will not accept return of goods sold after leaving the *Healthcare Logistics* warehouse.

5. RAF Codes and Conditions

- 5.1** RAFs will be processed for the following reasons if a request for an RA number has been received within the required timeframe as detailed below, and where the additional conditions are met:

RAF Reason	Return Code	Required timeframe to request an RA Number:	Additional Conditions
Cold chain products	Any Reason	Immediately upon receipt	Product must be kept refrigerated at appropriate levels until returned to our authorised carrier. If you are reasonably deemed not to have kept the products at the correct temperature (eg if you have no evidence of doing so), a return will not be approved. Returns are only accepted for cold chain products incorrectly supplied by us. We do not accept returns caused by pharmacy error. You need to check your delivery of cold chain products upon receipt and report errors to us immediately We reserve the right to charge a service or handling fee as set out in our Fees Policy.
Dangerous or controlled drugs	Any Reason	Immediately upon receipt other than Pharmacy error (refer below)	You need to check your delivery of dangerous or controlled drugs upon receipt and report errors to us immediately. Goods must be recorded and stored securely by the Customer (Pharmacy) in accordance with legislation until return to our authorised carrier. Goods to be returned are to be packaged separately, accompanied by a Return Application Form and any other paperwork required by us. The goods must be handed directly to our authorised carrier. No returns will be approved for dangerous or controlled drugs upon expiry and no credit is available for the Dangerous Drugs Fee applied on the original supply. Damaged goods must be actioned by you in accordance with all relevant laws and Health Department Guidelines.
Incorrect goods received	W	Day after receipt	Please note on the Return Application Form which goods were received in error.
Goods not received	S	Day after receipt	Missing totes/cartons/parcels - a signature on the delivery manifest is evidence of receipt of all totes/ cartons/parcels listed thereon and a claim for totes/cartons/parcels not received cannot be made if you have signed the delivery manifest to indicate you have received all totes.
Customer (Pharmacy) error	E	Two days after receipt	We reserve the right to charge a service or handling fee as set out in the Fees Policy. You need to use us as your primary wholesaler to be able to return goods caused by pharmacy error. We reserve the right to reject your RAF due to your (pharmacy) error at our absolute discretion, even if you use us as your primary wholesaler. We do not accept returns caused by your (pharmacy) error for cold chain products, even if you use us as your primary wholesaler.
Goods identified as damaged at time of delivery by us	D	Day after receipt	Do not return broken or leaking containers unless requested to do so by us. The product should be disposed of in a safe manner by the customer (in the pharmacy). Please note on your Return Application Form that the goods were non-returnable and why.
Goods identified as expired or short dated at time of delivery by us	01	Day after receipt	Applies to goods with 3 months or less dating or as otherwise determined by us.

RETURNED GOODS POLICY

RAF Reason	Return Code	Required timeframe to request an RA Number:	Additional Conditions
Goods becoming short dated or expired after delivery by us and where a manufacturer's policy applies	02	In accordance with manufacturer's policy	Please refer any queries to your local manufacturer's representative. As a guide, please refer to the "Manufacturers that accept Dated or Expired Stock" Policy in this section. In some cases you may be required to obtain a written authorisation directly from the manufacturer. Please advise all details to Customer Service prior to return. Goods returned without correct authorisation will not be credited. Expired stock must be returned no later than the 20th day of the month for credit.
Recall	RC	At any time	Returns for recall will only be approved if the recall has formally been notified by us. Manual return forms will only be accepted for recalled products. The manual form must include details of the customer account number and product numbers being returned to us.

PRICE ADJUSTMENTS POLICY

(Effective on and from 1 February 2020)

- 1.1** You must notify us of any pricing adjustment claims you wish to make within 14 days after the receipt of goods from us.
- 1.2** You must still pay for the goods (refer Standard Trading Terms clause 8).
- 1.3** Upon notification of the pricing adjustment claim, we will investigate and decide whether to issue any credit to you. Acknowledgement of your claim does not necessarily indicate the credit has been approved. We will advise you of our decision upon completion of the investigation.